

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

U.S. NO. 2
M-3-28-35

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Brown
Township Brown
City Brown (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. 49433
Registered No. 339
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 108 7 5th St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-26-1936</u>		
7. AGE YEARS _____ MONTHS _____ DAYS _____	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Columbia</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Herbert Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Howard County</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Campbell</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Columbia</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Herbert Jones</u> (ADDRESS) <u>Columbia Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia</u> DATE <u>12-28-1936</u>		
19. UNDERTAKER <u>Stuart O. Parker</u> (ADDRESS) <u>Columbia Missouri</u>		
20. FILED <u>12/28/36</u> <u>Allie Selby</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Born Dead, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:
Still-Birth
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. R. Boyington M. D.
(Address) 114 25th St.

